

Headquarters and Service Battalion, 2d FSSG
Operation IRAQI FREEDOM III
Predeployment Checklist

Personal Information

Line # _____ Rank _____
Last Name _____ First Name _____ MI _____
SSN _____ DOB _____
Section _____ Billet _____
Pending Legal Action _____
Cover Size _____ Blouse Size _____ Trouser Size _____ Boot Size _____

Section Head Verification:

(OIC, SNCOIC)

Print Name _____

Signature _____ Date _____

Medical Screening

Shots required _____

Physical required YES/NO Last physical date _____

(Circle one) DEPLOYABLE NON-DEPLOYABLE

Reason if non-deployable _____

Medical Verification:

Print Name _____

Signature _____ Date _____

Dental Screening

Dental Class _____ Dental Requirements _____

(Circle one) DEPLOYABLE NON-DEPLOYABLE

Reason if non-deployable _____

Dental Verification:

Print Name _____

Signature _____ Date _____

SRB Screening

RED Verification Date _____ SGLI Verification Date _____

Family Care Plan Completed _____ CAC Card Current YES/NO

BIR/BTR Updated _____ ID Tags/Medical Tags _____

(Choose one) PRO/CON _____ or FITREP COMPLETE _____

SRB Verification:

Print Name _____

Signature _____ Date _____

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Wills & POA Screening

Will desired? YES/NO Date Completed _____

Power of Attorney desired? YES/NO Date Completed _____

Family Readiness Brief

Required: YES/NO Date attended brief _____

S-3 Screening

Security Clearance _____ Adjudication Date _____

NBC Issue _____

S-3 Verification:

Print Name _____

Signature _____ Date _____

S-4 Screening

Weapons Cards _____

Required Training:

Cultural Awareness/Threat	_____
Anti-Terrorism/Force Protection	_____
Rules of Engagement	_____
Code of Conduct	_____
Classified Material Handling	_____
Navy/Marine Corps Relief Society	_____
Voting	_____
GCAC Audit	_____
Medical Screening	_____

LSSS Screening

Hvy Wpn / Machine Gun Training	_____
LOW 9 Princ.	_____
Culture Training.	_____
Iraqi Basic Language Familiarization	_____
Convoy Ops	_____
Enhanced MKmsp	_____
Imp First Aid Course	_____
Familiarization of Intel Prep of Btl Fld	_____
Media Awareness	_____
Improvised Explosive Devices	_____
Rear Area Security	_____
POW / Detainee Handling	_____

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S-6 Screening

Deploying with Computer YES/NO IA Brief Completed YES/NO

Required Information:

Computer Name
Serial Number
J-Tag
Seat ID
Bldg
Rm #
DSN

S-6 Verification:

Print Name _____

Signature _____ Date _____